#### **Developmental Disabilities**

# COLORADO Department of Health Care

Rates Effective April 1		lune 3	80, 20	21					•	HCPF	Policy & Financing
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Pre-COVI Rate Effective 07/01/202	•	Eni F	COVID hanced Rates fective 01/2021	Unit Value	Comments
Behavioral Services											
Behavioral Line Staff	H2019	U3				\$ 7.2	23	\$	7.23	15 Minutes	Maximum of 960 units per Service Plan year.
Behavioral Consultation	H2019	U3	22	TG		\$ 25.5	54	\$	25.54	15 Minutes	Maximum of 80 units per Service Plan year.
Behavioral Counseling	H2019	U3	TF	TG		\$ 25.5	54	\$	25.54	15 Minutes	Maximum of 208 combined units of
Behavioral Counseling, Group	H2019	U3	TF	HQ		\$ 8.6	61	\$	8.61	15 Minutes	Individual and Group Counseling services per Service Plan year.
Behavioral Plan Assessment	T2024	U3	22			\$ 25.5	54	\$	25.54	15 Minutes	Maximum of 40 units and one Behavior Plan Assessment per Service Plan year.
Day Habilitation Maximum of 4,800 combir Service Plan year. Maximu Services, and Supported I	um of 7,1	12 com	bined ι	units of	Specia						
Servic	es may te	mpora	rily be d			tional/Curreally through				ublic health eme	rgency.
Specialized Habilitation Level 1	T2021	U3	HQ			\$ 2.5	57	\$	3.33	15 Minutes	
Specialized Habilitation Level 2	T2021	U3	22	HQ		\$ 2.8	33	\$	3.66	15 Minutes	
Specialized Habilitation							_				

Services may temporarily be delivered virtually through the end of the public health emergency.													
Specialized Habilitation Level 1	T2021	U3	HQ			\$	2.57	\$	3.33	15 Minutes			
Specialized Habilitation Level 2	T2021	U3	22	HQ		\$	2.83	\$	3.66	15 Minutes			
Specialized Habilitation Level 3	T2021	U3	TF	HQ		\$	3.15	\$	4.08	15 Minutes			
Specialized Habilitation Level 4	T2021	U3	TF	22	HQ	\$	3.71	\$	4.80	15 Minutes			
Specialized Habilitation Level 5	T2021	U3	TG	HQ		\$	4.59	\$	5.94	15 Minutes			
Specialized Habilitation Level 6	T2021	U3	TG	22	HQ	\$	6.59	\$	8.53	15 Minutes			
Specialized Habilitation Level 7	T2021	U3	sc	HQ		\$	10.38	\$	13.44	15 Minutes			
			Ti			•	<b>III Suppo</b> red in per						
Specialized Habilitation, All Support Levels	S5100	U3				\$	5.36	\$	6.94	15 Minutes			
Service	es may te	mporai	ily be d				II/Current hrough the			ublic health eme	rgency.		
Supported Community Connections Level 1	T2021	U3				\$	3.13	\$	4.05	15 Minutes			
Supported Community Connections Level 2	T2021	U3	22			\$	3.42	\$	4.43	15 Minutes			
Supported Community Connections Level 3	T2021	U3	TF			\$	3.87	\$	5.01	15 Minutes			
Supported Community Connections Level 4	T2021	U3	TF	22		\$	4.44	\$	5.75	15 Minutes			

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources. www.colorado.gov/hcpf Version: 1.4 Date: 11/16/2021



# **Developmental Disabilities**

# Rates Effective April 1, 2021-June 30, 2021



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	e-COVID Rate fective 01/2020	En Ef	COVID hanced Rates fective /01/2021	Unit Value	Comments
Supported Community Connections Level 5	T2021	U3	TG			\$	5.35	\$	6.93	15 Minutes	
Supported Community Connections Level 6	T2021	U3	TG	22		\$	7.03	\$	9.10	15 Minutes	
Supported Community Connections Level 7	T2021	U3	SC			\$	10.38	\$	13.44	15 Minutes	
			Ti				II Suppo red in per		vels)		
Supported Community Connections, All Support Levels	S5100	U3	НВ	, wa	0.000	\$	7.03	\$	9.10	15 Minutes	
Dental Services	ı	1		1							
Basic	D2999	U3					-		-	Dollar	Please refer to DIDD  Dental Fee Schedule for
Major	D2999	U3	22				-		-	Dollar	rates
Home Delivered Meals	S5170	U3				\$	11.45	\$	11.45	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment
Non-Medical Transportat Maximum of 508 units (trip Mileage Band 1 (0-10	s) per Se		lan yea	ar (all n	nileage						
Miles)	T2003	U3				\$	6.58	\$	8.52	1 Trip	
Mileage Band 2 (11-20 Miles)	T2003	U3	22			\$	13.77	\$	17.83	1 Trip	
Mileage Band 3 (Over 20 Miles)	T2003	U3	TF			\$	20.97	\$	27.16	1 Trip	
Other (public conveyance)	T2004	U3				\$	1.00	\$	1.00	Dollar	Bus passes or other public conveyance may be used only when equivalent to or more cost effective than the applicable mileage range.
Peer Mentorship	H2015	U3				\$	5.92	\$	6.05	15 minutes	Available for 365 days after enrollment
Prevocational Services Maximum of 4,800 combin Service Plan year. Maximu Services, and Supported E	ım of 7,11	l2 com	bined ι	units of	Specia						vocational Services per
Prevocational Services Level 1	T2015	U3	HQ			\$	2.57	\$	2.62	15 Minutes	
Prevocational Services Level 2	T2015	U3	22	HQ		\$	2.83	\$	2.89	15 Minutes	
Prevocational Services Level 3	T2015	U3	TF	HQ		\$	3.15	\$	3.22	15 Minutes	
Prevocational Services Level 4	T2015	U3	TF	22	HQ	\$	3.71	\$	3.79	15 Minutes	



# **Developmental Disabilities**

# Rates Effective April 1, 2021-June 30, 2021



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	e-COVID Rate ffective /01/2020	En I Ef	COVID hanced Rates fective 01/2021	Unit Value	Comments
Prevocational Services Level 5	T2015	U3	TG	HQ		\$	4.59	\$	4.69	15 Minutes	
Prevocational Services Level 6	T2015	U3	TG	22	HQ	\$	6.59	\$	6.73	15 Minutes	
Residential Habilitation,	Outside l	Denve	r Coun	ty							
Group Residential Services and Supports- Level 1	T2016	U3	HQ			\$	116.82	\$	119.28	Day	
Group Residential Services and Supports- Level 2	T2016	U3	22	HQ		\$	140.71	\$	143.68	Day	
Group Residential Services and Supports- Level 3	T2016	U3	TF	HQ		\$	159.22	\$	162.58	Day	
Group Residential Services and Supports- Level 4	T2016	U3	TF	22	HQ	\$	181.66	\$	185.49	Day	
Group Residential Services and Supports- Level 5	T2016	U3	TG	H		\$	198.98	\$	203.18	Day	
Group Residential Services and Supports- Level 6	T2016	U3	TG	22	HQ	\$	231.12	\$	236.00	Day	
Group Residential Services and Supports- Level 7	T2016	U3	SC	HQ		*NF	₹	*NF	2	Day	
Individual Residential Services and Supports- Level 1	T2016	U3				\$	70.78	\$	72.27	Day	
Individual Residential Services and Supports- Level 2	T2016	U3	22			\$	114.35	\$	116.77	Day	
Individual Residential Services and Supports- Level 3	T2016	U3	TF			\$	139.74	\$	142.69	Day	
Individual Residential Services and Supports- Level 4	T2016	U3	TF	22		\$	170.12	\$	173.71	Day	
Individual Residential Services and Supports- Level 5	T2016	U3	TG			\$	195.50	\$	199.63	Day	
Individual Residential Services and Supports- Level 6	T2016	U3	TG	22		\$	245.69	\$	250.87	Day	
Individual Residential Services and Supports- Level 7	T2016	U3	SC			*NF	?	*NF	₹	Day	

# **Developmental Disabilities**

# Rates Effective April 1, 2021-June 30, 2021



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	E	e-COVID Rate ffective /01/2020	En I Ef	COVID hanced Rates fective 01/2021	Unit Value	Comments
Individual Residential Services and Supports/Host Home- Level 1	T2016	U3	TT			\$	65.65	\$	67.03	Day	
Individual Residential Services and Supports/Host Home- Level 2	T2016	U3	22	ТТ		\$	106.06	\$	108.30	Day	
Individual Residential Services and Supports/Host Home- Level 3	T2016	U3	F	F		\$	129.58	\$	132.32	Day	
Individual Residential Services and Supports/Host Home- Level 4	T2016	U3	TF	22	F	\$	157.79	\$	161.12	Day	
Individual Residential Services and Supports/Host Home- Level 5	T2016	U3	TG	TT		\$	181.30	\$	185.12	Day	
Individual Residential Services and Supports/Host Home- Level 6	T2016	U3	TG	22	ТТ	\$	227.87	\$	232.68	Day	
Individual Residential Services and Supports/Host Home- Level 7	T2016	U3	SC	Η		*Ni	ς.	*NF	₹	Day	
Residential Habilitation,	Denver C	ounty								-	
Group Residential Services and Supports- Level 1	T2016	U3	HQ			\$	122.73	\$	125.32	Day	
Group Residential Services and Supports- Level 2	T2016	U3	22	HQ		\$	148.24	\$	151.37	Day	
Group Residential Services and Supports- Level 3	T2016	U3	TF	HQ		\$	168.40	\$	171.95	Day	
Group Residential Services and Supports- Level 4	T2016	U3	TF	22	HQ	\$	192.96	\$	197.03	Day	
Group Residential Services and Supports- Level 5	T2016	U3	TG	HQ		\$	212.65	\$	217.14	Day	
Group Residential Services and Supports- Level 6	T2016	U3	TG	22	HQ	\$	248.70	\$	253.95	Day	
Group Residential Services and Supports- Level 7	T2016	U3	sc	HQ		\$	-	*NF	₹	Day	



# **Developmental Disabilities**

# Rates Effective April 1, 2021-June 30, 2021



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	e-COVID Rate fective 01/2020	En I Ef	COVID hanced Rates fective 01/2021	Unit Value	Comments
Individual Residential Services and Supports- Level 1	T2016	U3				\$	75.44	\$	77.03	Day	
Individual Residential Services and Supports- Level 2	T2016	U3	22			\$	122.50	\$	125.08	Day	
Individual Residential Services and Supports- Level 3	T2016	U3	TF			\$	150.57	\$	153.75	Day	
Individual Residential Services and Supports- Level 4	T2016	U3	TF	22		\$	184.52	\$	188.41	Day	
Individual Residential Services and Supports- Level 5	T2016	U3	TG			\$	213.67	\$	218.18	Day	
Individual Residential Services and Supports- Level 6	T2016	U3	TG	22		\$	270.88	\$	276.60	Day	
Individual Residential Services and Supports- Level 7	T2016	U3	SC			*NF	₹	*NF	₹	Day	
Individual Residential Services and Supports/Host Home- Level 1	T2016	U3	тт			\$	69.58	\$	71.05	Day	
Individual Residential Services and Supports/Host Home- Level 2	T2016	U3	22	TT		\$	112.97	\$	115.35	Day	
Individual Residential Services and Supports/Host Home- Level 3	T2016	U3	TF	TT		\$	138.78	\$	141.71	Day	
Individual Residential Services and Supports/Host Home- Level 4	T2016	U3	TF	22	TT	\$	170.09	\$	173.68	Day	
Individual Residential Services and Supports/Host Home- Level 5	T2016	U3	TG	TT		\$	196.90	\$	201.05	Day	
Individual Residential Services and Supports/Host Home- Level 6	T2016	U3	TG	22	TT	\$	249.62	\$	254.89	Day	
Individual Residential Services and Supports/Host Home- Level 7	T2016	U3	SC	TT		*NF	₹	*NF	₹	Day	
Specialized Medical Equ	ipment a	nd Sup	plies							1	

# **Developmental Disabilities**

# Rates Effective April 1, 2021-June 30, 2021

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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	E1	e-COVID Rate ffective /01/2020	E	COVID nhanced Rates Effective 4/01/2021	Unit Value	Comments
Disposable Supplies	T2028	U3				\$	1.00	\$	1.00	Dollar	
Equipment	T2029	U3				\$	1.00	\$	1.00	Dollar	
Supported Employment The maximum Supported Habilitation, Supported Co											
Job Coaching, Group- Level 1	T2019	U3	HQ			\$	3.44	\$	4.45	15 Minutes	
Job Coaching, Group- Level 2	T2019	U3	22	HQ		\$	3.78	\$	4.89	15 Minutes	
Job Coaching, Group- Level 3	T2019	U3	TF	HQ		\$	4.20	\$	5.44	15 Minutes	
Job Coaching, Group- Level 4	T2019	U3	TF	22	HQ	\$	4.86	\$	6.29	15 Minutes	
Job Coaching, Group- Level 5	T2019	U3	TG	HQ		\$	5.79	\$	7.50	15 Minutes	
Job Coaching, Group- Level 6	T2019	U3	TG	22	HQ	\$	7.57	\$	9.80	15 Minutes	
Job Coaching-Individual	T2019	U3	SC			\$	14.20	\$	18.39	15 Minutes	
Job Development-Group	H2023	U3	HQ			\$	4.53	\$	5.87	15 Minutes	
Job Development, Individual-Levels 1-2	H2023	U3				\$	14.20	\$	18.39	15 Minutes	
Job Development, Individual-Levels 3-4	H2023	U3	22			\$	14.20	\$	18.39	15 Minutes	
Job Development, Individual-Levels 5-6	H2023	U3	TF			\$	14.20	\$	18.39	15 Minutes	
Job Placement	H2024	U3				\$	1.00	\$	1.00	Dollar	
Job Placement Group	H2024	U3	HQ			\$	1.00	\$	1.00	Dollar	
Community Transition S	ervices										
Coordinator	T2038	U3				\$	7.66	\$	7.66	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Items Purchased	A9900	U3				\$	1,500.00	\$	1,500.00	One Time Payment	Up to \$2,000.00 by request; available up to 30 days after enrollment

	Legend
NR*	Individually approved DDD rate
22	(CPT Defn: Increased procedural services)
НВ	Adult program, non-geriatric
HQ	Group Setting
SC	Medically Necessary Service or Supply
TF	Intermediate Level of Care
TG	Complex/High Tech Level of Care
TT	Individualized service provided to more one patient in the same setting
U3	Developmentally Disabled (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)

1.00 \$

1.00 Dollar

Version: 1.4 Date: 11/16/2021

Vision



**Supported Living Services** 

# Rates Effective April 1, 2021-June 30, 2021



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	e-COVID Rate fective 01/2020	Er E	COVID hanced Rates ffective /01/2021	Unit Value	Comments
Assistive Technology	T2035	U8				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/19 - 6/30/24).
Behavioral Services											
Behavioral Line Staff	H2019	U8				\$	7.23	\$	7.23	15 Minutes	Maximum of 960 units per Service Plan year.
Behavioral Consultation	H2019	U8	22	TG		\$	25.54	\$	25.54	15 Minutes	Maximum of 80 units per Service Plan year.
Behavioral Counseling	H2019	U8	TF	TG		\$	25.54	\$	25.54	15 Minutes	Maximum of 208 combined units of
Behavioral Counseling Group	H2019	U8	TF	HQ		\$	8.61	\$	8.61	15 Minutes	Individual and Group Counseling services per Service Plan year.
Behavioral Plan Assessment	T2024	U8	22			\$	25.54	\$		15 Minutes	Maximum of 40 units and one Behavior Plan Assessment per Service Plan year.
Consumer Directed Atter	dant Su	pport S	Service	es (CD	ASS), (	Outsi	ide Denv	er C	ounty		
CDASS Homemaker	T2025	U8				\$	4.44	\$	4.44	15 Minutes	
CDASS Enhanced Homemaker	T2025	U8				\$	7.21	\$		15 Minutes	
CDASS Personal Care CDASS Health Maintenance	T2025	U8 U8	SE			\$	5.85 7.43	\$		15 Minutes 15 Minutes	
Consumer Directed Atter	dant Su	pport S	Service	es (CD	ASS), I	Denv	er Count	у			
CDASS Homemaker	T2025	U8				\$	-	\$	4.59	15 Minutes	
CDASS Enhanced Homemaker	T2025	U8				\$	-	\$	7.47	15 Minutes	
CDASS Personal Care	T2025	U8				\$	-	\$	6.05	15 Minutes	
CDASS Health Maintenance	T2025	U8	SE			\$	-	\$	7.57	15 Minutes	
CDASS Per Member Per I			Vendo	or							
Acumen- FEA	T2040	U8				\$	85.00	\$	85.00	Month	
Public Partnerships, LLC-FEA	T2040	U8				\$	103.21	\$		Month	
Palco- FEA	T2040	U8				\$	85.00	\$	85.00	Month	
Day Habilitation Maximum of 7,112 combine Supported Employment pe		•		Habilit	ation, S	Supp	orted Con	nmu	nity Conne	ections, Prevoca	tional Services, and
Service	es may te	mporar	ily be o				al/Current hrough the			ublic health eme	rgency.
Specialized Habilitation	T2021	U8	HQ			\$	2.57	\$	3.33	15 Minutes	

Version: 1.4

Date: 11/16/2021

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

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**Supported Living Services** 

# Rates Effective April 1, 2021-June 30, 2021



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Pre-CO Rate Effect 07/01/2	e tive	Enh R Eff	OVID nanced ates ective 01/2021	Unit Value	Comments
Specialized Habilitation Level 2	T2021	U8	22	HQ		\$	2.83	\$	3.66	15 Minutes	
Specialized Habilitation Level 3	T2021	U8	TF	HQ		\$	3.15	\$	4.08	15 Minutes	
Specialized Habilitation Level 4	T2021	U8	TF	22	HQ	\$	3.71	\$	4.80	15 Minutes	
Specialized Habilitation Level 5	T2021	U8	TG	HQ		\$	4.59	\$	5.94	15 Minutes	
Specialized Habilitation Level 6	T2021	U8	TG	22	HQ	\$	6.59	\$	8.53	15 Minutes	
			Ti			ial (All S			/els)		
Specialized Habilitation, All Support Levels	S5100	U8					5.36	\$	6.94	15 Minutes	
	es mav te	mporar	ilv be d			tional/Cu				ublic health eme	raencv.
Supported Community Connections Level 1	T2021	U8	,				3.13	\$		15 Minutes	
Supported Community Connections Level 2	T2021	U8	22			\$	3.42	\$	4.43	15 Minutes	
Supported Community Connections Level 3	T2021	U8	TF			\$	3.87	\$	5.01	15 Minutes	
Supported Community Connections Level 4	T2021	U8	TF	22		\$	4.44	\$	5.75	15 Minutes	
Supported Community Connections Level 5	T2021	U8	TG			\$	5.35	\$	6.93	15 Minutes	
Supported Community Connections Level 6	T2021	U8	TG	22		\$	7.03	\$	9.10	15 Minutes	
20			Ti			ial (All S			/els)	<u> </u>	
Supported Community Connections, All Support Levels	S5100	U8	НВ	,,,,			7.03	\$	9.10	15 Minutes	
Dental Services	D2999	110								Dellar	Please refer to DIDD
Basic		U8	22			-			-	Dollar	Dental Fee Schedule for
Major  Home Accessibility Adaptations	D2999 S5165	U8 U8	22			\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/19 - 6/30/24).
Home Delivered Meals	S5170	U8				\$ 1	1.45	\$	11.45	Per Meal	2 Meals per day, 14 meals per week; Available up to 365 after enrollment



**Supported Living Services** 

# Rates Effective April 1, 2021-June 30, 2021



Service Description  Homemaker	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	e-COVID Rate fective 01/2020	En I Ef	COVID hanced Rates ffective /01/2021	Unit Value	Comments
Basic, Outside Denver County	S5130	U8				\$	4.45	\$	4.54	15 Minutes	
Enhanced, Outside Denver County	S5130	U8	22			\$	7.21	\$	7.36	15 Minutes	Requires a habilitative plan as described in the waiver or extraordinary cleaning due to individual behavioral or medical needs.
Basic, Denver County	S5130	U8				\$	5.68	\$	5.80	15 Minutes	
Enhanced, Denver County	S5130	U8	22			\$	7.93	\$	8.10	15 Minutes	Requires a habilitative plan as described in the waiver or extraordinary cleaning due to individual behavioral or medical needs.
Life Skills Training	H2014	U8				\$	11.91	\$	11.91	15 minutes	24 units (6 hours) per day; up to 160 units (40 hours) per week. Available for 365 days after enrollment
Mentorship	H2021	U8				\$	10.91	\$	11.14	15 Minutes	Maximum of 192 units per Service Plan year.
Non-Medical Transportat Maximum of 508 units (trip		rvice P	lan yea	ar (all n	nileage	band	ds plus pu	ublic	conveyan	ce).	
Mileage Band 1 (0-10 Miles)	T2003	U8				\$	6.58	\$	8.52	1 Trip	
Mileage Band 2 (11-20 Miles)	T2003	U8	22			\$	13.77	\$	17.83	1 Trip	
Mileage Band 3 (Over 20 Miles)	T2003	U8	TF			\$	20.97	\$	27.16	1 Trip	
Other (public conveyance)	T2004	U8				\$	1.00	\$	1.00	Dollar	Bus passes or other public conveyance may be used only when equivalent to or more cost effective than the applicable mileage range.
Mileage-Not in Day Program	T2003	U8	SC			\$	6.58	\$	8.52	4 Trips per week	All Distances. Maximum of 208 units (4 trips per week) per Service Plan year.
Peer Mentorship	H2015	U8				\$	5.92	\$	6.05	15 minutes	Available for 365 days after enrollment
Personal Care Services											
Personal Care, Outside Denver County	T1019	U8				\$	5.78	\$	5.90	15 Minutes	
Personal Care, Denver County	T1019	U8				\$	6.53	\$	6.67	15 Minutes	





# COLORADO Department of Health Care Policy & Financing

# Rates Effective April 1, 2021-June 30, 2021

			•			_	221/12		COVID		
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	e-COVID Rate ffective /01/2020	E	hanced Rates ffective /01/2021	Unit Value	Comments
Personal Emergency Response System (PERS)	S5161	U8				\$	1.00	\$	1.00	Dollar	
Prevocational Services Maximum of 7,112 combine Supported Employment pe				Habilit	ation, S	Supp	orted Con	nmu	nity Conne	ections, Prevoca	tional Services, and
Prevocational Services Level 1	T2015	U8	HQ			\$	2.57	\$	2.62	15 Minutes	
Prevocational Services Level 2	T2015	U8	22	HQ		\$	2.83	\$	2.89	15 Minutes	
Prevocational Services Level 3	T2015	U8	TF	HQ		\$	3.15	\$	3.22	15 Minutes	
Prevocational Services Level 4	T2015	U8	TF	22	HQ	\$	3.71	\$	3.79	15 Minutes	
Prevocational Services Level 5	T2015	U8	TG	HQ		\$	4.59	\$	4.69	15 Minutes	
Prevocational Services Level 6	T2015	U8	TG	22	HQ	\$	6.59	\$	6.73	15 Minutes	
Professional Services											
Massage Therapy	97124	U8				\$	19.10	\$	19.10	15 Minutes	
Movement Therapy Bachelors	G0176	U8				\$	15.93	\$	15.93	15 Minutes	
Movement Therapy Masters	G0176	U8	22			\$	23.34	\$	23.34	15 Minutes	
Hippotherapy Individual	S8940	U8				\$	21.22	\$	21.22	15 Minutes	
Hippotherapy Group	S8940	U8	HQ			\$	9.02	\$	9.02	15 Minutes	
Recreational Facility Fees / Passes	S5199	U8				\$	1.00	\$	1.00	Dollar	
Respite Care											
Individual	S5150	U8				\$	5.64	\$	7.20	15 Minutes	Use Individual Day rate when Respite services exceed 40 units (10
Individual Day	S5151	U8				\$	225.72	\$	288.10	Day	hours) in a 24 hour period.
Group	S5151	U8	HQ			\$	1.00	\$	1.00	Dollar	Group Respite rates may
Camp (Group, Overnight)	T2036	U8				\$	1.00	\$	1.00	Dollar	not exceed the rate paid for Individual Respite.
Specialized Medical Equi	pment a	nd Sup	plies								
Disposable Supplies	T2028	U8				\$	1.00	\$		Dollar	
Equipment	T2029	U8				\$	1.00	\$	1.00	Dollar	
Supported Employment Maximum combined units of is 7,112 units per plan yea		lized H	labilitat	ion, Su	pporte	d Co	mmunity (	Conr	nections, P	revocational and	d Supported Employment
Job Coaching, Group- Level 1	T2019	U8	HQ			\$	3.44	\$	4.45	15 Minutes	
Job Coaching, Group- Level 2	T2019	U8	22	HQ		\$	3.78	\$	4.89	15 Minutes	



**Supported Living Services** 

# Rates Effective April 1, 2021-June 30, 2021



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	E	e-COVID Rate ffective /01/2020	E	COVID Inhanced Rates Effective 4/01/2021	Unit Value	Comments
Job Coaching, Group- Level 3	T2019	U8	TF	HQ		\$	4.20	\$	5.44	15 Minutes	
Job Coaching, Group- Level 4	T2019	U8	TF	22	HQ	\$	4.86	\$	6.29	15 Minutes	
Job Coaching, Group- Level 5	T2019	U8	TG	Ŕ		\$	5.79	\$	7.50	15 Minutes	
Job Coaching, Group- Level 6	T2019	U8	TG	22	HQ	\$	7.57	\$	9.80	15 Minutes	
Job Coaching-Individual	T2019	U8	SC			\$	14.20	\$	18.39	15 Minutes	
Job Development-Group	H2023	U8	HQ			\$	4.53	\$	5.87	15 Minutes	
Job Development, Individual-Levels 1-2	H2023	U8				\$	14.20	\$	18.39	15 Minutes	
Job Development, Individual-Levels 3-4	H2023	U8	22			\$	14.20	\$	18.39	15 Minutes	
Job Development, Individual-Levels 5-6	H2023	U8	TF			\$	14.20	\$	18.39	15 Minutes	
Job Placement-Individual	H2024	U8				\$	1.00	\$	1.00	Dollar	
Job Placement-Group	H2024	U8	HQ			\$	1.00	\$	1.00	Dollar	
Community Transition Se	ervices										
Coordinator	T2038	U8				\$	7.66	\$	7.66	15 minutes	40 units (10 hours); available up to 30 days after enrollment
Items Purchased	A9900	U8				\$	1,500.00	\$	1,500.00	One Time Payment	Up to \$2,000.00 by request; available up to 30 days after enrollment
Vehicle Modifications	T2039	U8				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/19 - 6/30/24).
Vision	V2799	U8				\$	1.00	\$	1.00	Dollar	

Support Level Authorization Limits (SPAL)							
Support Level 1	\$19,613.66						
Support Level 2	\$26,195.37						
Support Level 3	\$29,456.94						
Support Level 4	\$33,840.58						
Support Level 5	\$40,774.02						
Support Level 6	\$53,442.26						

Overall Service Plan Limit	
\$68,640.19	

	Legend
22	(CPT Defn: Increased procedural services)



**Supported Living Services** 



# Rates Effective April 1, 2021-June 30, 2021

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Pre-COVID Rate Effective 07/01/2020	COVID Enhanced Rates Effective 04/01/2021	Unit Value	Comments		
НВ	Adult pr	Adult program, non-geriatric									
HQ	Group S	etting									
SC	Medical	Medically Necessary Service or Supply									
TF	Interme	Intermediate Level of Care									
TG	Comple	Complex/High Tech Level of Care									
TT	Individualized service provided to more one patient in the same setting										
U8	Support	ed Liv	ing Se	rvices	(HCPC	S Defn: Medic	aid Level of C	are 1, as defined	by each state)		



# **Children's Extensive Supports Waiver**



Rates Effective April 1, 2021-June 30, 2021

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	COVID Rate ective 1/2020	En Ef	COVID hanced Rates ffective /01/2021	Unit Value	Comments
Adapted Therapeutic Rec	reationa	l Equi	oment	and Fe	ees						
Equipment	T1999	U7				\$	1.00	\$	1.00	Dollar	Maximum \$1,000 units per year (i.e., \$1,000.00
Fees	S5199	U7				\$	1.00	\$	1.00	Dollar	per year (i.e., \$1,000.00 per year combined limit)
Assistive Technology	T2035	U7				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/19 - 6/30/24).
Community Connector	H2021	U7				\$	9.08	\$	9.27	15 Minutes	
Home Accessible Adaptations	S5165	U7				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/19 - 6/30/24).
Homemaker											
Basic, Outside Denver County	S5130	U7				\$	4.45	\$	4.54	15 Minutes	
Enhanced, Outside Denver County	S5130	U7	22			\$	7.21	\$	7.36	15 Minutes	Requires a habilitative plan as described in the waiver or extraordinary cleaning due to individual behavioral or medical needs.
Basic, Denver County	S5130	U7				\$	5.68	\$	5.80	15 Minutes	
Enhanced, Denver County	S5130	U7	22			\$	7.93	\$	8.10	15 Minutes	Requires a habilitative plan as described in the waiver or extraordinary cleaning due to individual behavioral or medical needs.
Parent Education	H1010	U7				\$	1.00	\$	1.00	Dollar	Maximum of \$1,000 per Service Plan year.
Professional Services											
Hippo Therapy	S8940	U7				\$	21.22	\$		15 Minutes	
Hippo Therapy Group	S8940	U7	HQ			\$	9.02	_		15 Minutes	
Massage Movement Therapy- Bachelors	97124 G0176	U7 U7				\$	19.10 15.93	\$	19.10 15.93	15 Minutes 15 Minutes	
Movement Therapy- Masters	G0176	U7	22			\$	23.34	\$	23.34	15 Minutes	





# Rates Effective April 1, 2021-June 30, 2021

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	e-COVID Rate ffective /01/2020	En Ei	COVID hanced Rates ffective /01/2021	Unit Value	Comments
Respite Maximum of 30 days and 1,880 additional 15 minute units per Service Plan year.											
Respite Services- Individual	S5150	U7				\$	5.64	\$	7.20	15 Minutes	Use Individual Day rate when Respite services exceed 40 units (10
Respite Services- Individual, Per Diem	S5151	U7				\$	225.72	\$	288.10	Day	hours) in a 24 hour period.
Respite Services-Group	S5151	U7	HQ			\$	1.00	\$	1.00	Dollar	Group Respite rates may
Camp (Group, Overnight)	T2036	U7				\$	1.00	\$	1.00	Dollar	not exceed the rate paid for Individual Respite.
Specialized Medical Equi Services may be authorize				shed Co	CB thre	shol	lds, beyon	d wh	nich DDD į	prior authorizatio	on is required.
Disposable Supplies	T2028	U7				\$	1.00	\$		Dollar	
Equipment	T2029	U7				\$	1.00	\$	1.00	Dollar	
Vehicle Modifications	T2039	U7				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/19 - 6/30/24).
Youth Day Services Services limited to clients ages 12 through 17. Limited to ten (10) hours per calendar day.											
Individual	T2027	U7				\$	5.64	\$	5.64	15 Minutes	
Group	T2027	U7	HQ			\$	1.88	\$	1.88	15 Minutes	_

Overall Service Plan Limit
\$49,154.75

	Legend						
22	(CPT Defn: Increased procedural services)						
HQ	Group Setting						
HR	Relative providing care						
TF	Intermediate Level of Care						
TG	Complex/High Tech Level of Care						
U7	Children's Extensive Support						



ADJUSTMENT TAE	BLE			
WAIVER TYPE	PERCENT CHANGE	MULTIPLIER		
Across the Board Decrease Effect	tive July 1, 20	020		
HCBS EBD	-1.000%	0.99000		
HCBS CMHS	-1.000%	0.99000		
HCBS BI	-1.000%	0.99000		
HCBS SCI	-1.000%	0.99000		
HCBS DD	-1.000%	0.99000		
HCBS SLS	-1.000%	0.99000		
HCBS/DDD/DHS CES	-1.000%	0.99000		
HCBS/DDD/DHS CLLI	-1.000%	0.99000		
HCBS/DDD/DHS CHCBS	-1.000%	0.99000		
HCBS/DDD/DHS CHRP	-1.000%	0.99000		
COVID-19 Related Increases Effective	ve January 1,	, 2021		
Adult Day Services, All Levels	27.400%	1.27400		
Non-Medical Transportation, All Adult				
Waivers	27.400%	1.27400		
Specialized Habilitation, All Levels	27.400%	1.27400		
Supported Community Connections	27.400%	1.27400		
Supported Employment, All Levels	27.400%	1.27400		
American Rescue Plan Act (ARPA)	2.110%	1.02110		
American Rescue Plan Act (ARPA), Respite				
Services	25.000%	1.25000		

Version: 1.3 Date: 11/02/2021